

Iowa Health and Wellness Plan (IHAWP) Webinar Questions and Answers

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1. Is eligibility determined based upon a calendar year or from the date an individual enrolls?
Response: Eligibility is determined based upon the date that they enroll.
2. Provider Services told us that the Iowa Health and Wellness program did not allow retroactive eligibility. Is retroactive eligibility allowed under the IHAWP?
Response: Yes, the individual may request retroactive eligibility under the IHAWP – for 3 months as long as this is no further back than January 1, 2014. Any services during the retroactive time period would be covered by the Iowa Wellness Plan – fee-for-service.
3. Are non-emergency medical transportation services available to individuals on the Iowa Health and Wellness Plan (IHAWP)?
Response: No, this service is not available under either the Iowa Wellness Plan or the Marketplace Choice Plans. Members that have been determined Medically Exempt are eligible for this coverage option.
4. Are the Marketplace Choice Plans (Coventry and CoOpportunity Health) each covering the entire state or is their service area more limited?
Response: There are network providers for Coventry and CoOpportunity Health throughout the state of Iowa.
5. Please clarify what events might qualify a person to change providers under the Iowa Wellness Plan beyond the 90 days normally allowed.
Response: The most common events are:
 - A member may move out of county, and the provider is then no longer within a 30 mile radius of the member.
 - A member is unable to establish a workable relationship with the selected provider.
6. What is the open enrollment period for coverage in 2015?
Response: Open enrollment will begin November 15, 2014 and close at the end of December 2014. The Iowa Care population that was shifted to the IHAWP will begin updating their status in June 2014. Medicaid applications can be submitted year round.
7. I had a family state that they enrolled in January or shortly after. They stated that they just received another form to re-verify information again in April. The family questioned why they have to do it again so soon.
Response: I am not sure of the specific reasons for this. I would encourage the family to contact DHS for clarification.
8. Is there a graph that will demonstrate the income ranges that relate to the Federal Poverty Level (FPL)? This is difficult to explain to a family.
Response: Yes, we have a chart for this, and we will send it out with the training materials for this webinar.

9. Do the Marketplace Choice Plans cover an annual vision exam? Is the exam under the Iowa Wellness Plan only for **annual** vision exams? Are eyeglasses covered?

Response: The Iowa Wellness Plan covers an annual vision exam. The Marketplace Choice Plans also have their own vision benefit to cover routine eye exams. Eyeglass frames and lenses are not covered under the Iowa Health and Wellness Plan.

10. Providers have been told that there is not coverage for eyeglasses for 19 & 20 year olds who are in the EPSDT program. Should these claims be resubmitted to IME?

Response: Yes, these should be billed to IME. Eyeglasses are covered under the EPSDT program. Any wrap-around EPSDT services not covered by the IHAWP may be billed to the IME for the 19 and 20 year olds.

11. What is the phone number for Meridian (Meridian Health Plan)?

Response: It is 877-204-9132.

12. A few months ago, we were told that healthcare.gov was having problems passing application information through to the State of Iowa. Outreach providers were told to encourage consumers likely eligible for Iowa Medicaid and **hawk-i** to use the DHS portal instead. Has this been corrected?

Response: You are correct that this was a difficulty at one time due to the difference in format of the applications. However, we believe that most of these problems have been resolved. Applying multiple times does not affect an individual's eligibility.

13. What happens if a Marketplace choice member goes to an out-of-network provider? Right now a summary document from both Coventry and CoOpportunity state that there are no copays/coinsurance. The outreach materials for Marketplace Choice state "no copay" versus "no coverage" for out of network.

Response: Services provided by an out-of-network provider would not be covered. Payment for services provided by an out-of-network provider would have to be negotiated with the provider.

14. I have been unable to locate a list of in-network providers in our area for both Marketplace Choice insurers. Their websites, as far as I can find, do not provide this information. It would be helpful to obtain a list – by city or by zip code if possible. Can you help us access this information to assist members, both in choosing a plan and accessing plan benefits?

Response: Yes, I can obtain a list of Coventry and CoOpportunity network providers and send it to you with the training materials for this webinar. No list of providers is posted on the DHS website for the Iowa Wellness Plan. However, this can be provided upon request.

15. Is there a list of hospitals who are QEs for presumptive eligibility determinations?

Response: Yes, that information is available, and we will send it out with the training materials for this webinar.

16. How is coverage assigned for college students? Is it by their college address or by their home address? For instance child goes to UNI but lives in Minnesota?

Response: Coverage is based upon the state in which the individual declares they are a resident.

17. We provide services for 19 & 20 year olds under the EPSDT *Care for Kids* program. We are receiving very few phone numbers for the Iowa Health and Wellness Plan members. Is there any way to correct this? Is the phone number a required field on the application for completing the application through healthcare.gov?

Response: The difficulty with phone numbers and addresses for your 19 and 20 year old EPSDT clients is related to implementation of ELIAS (Eligibility Integrated Application Solution), the new eligibility system in Iowa. It does not relate to the Iowa Health and Wellness Plans. Iowa DHS is aware of the difficulties thanks to information shared by MCH programs. We are currently working on systems corrections to try to resolve the problems.

18. How are mental health and substance abuse services covered under the Iowa Health and Wellness Plan?

Response: Magellan is the mental health and substance abuse provider for the Iowa Wellness Plan members. The Marketplace Choice Plans (Coventry and CoOpportunity Health) has mental health and substance abuse providers contracted through their networks.

19. We have a consumer who currently does not meet the income guidelines for Medicaid. I think she may be able to fall under 'medically exempt'. We are unsure as to how to proceed. Any suggestions?

Response: In order for an individual to qualify for 'medically exempt', they must be Iowa Health and Wellness Plan eligible. If they do not qualify for the IHAWP, they cannot be deemed 'medically exempt'. We would encourage the person to speak with DHS. They could complete a Presumptive Eligibility application.